

MULTIPLE DENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/	/		
2	/	/		
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4				
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49				
50				
TOTAL IND.		3		
TOTAL DEP.		23		
TOTAL CLAIMS	SEARCHED	INDEXED	SEARCHED	INDEXED

SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____	
IND. _____	DEP. _____
IND. _____	DEP. _____
IND. _____	DEP. _____

BEST AVAILABLE COPY